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ABSTRACT

The Vocational Preparation for the Handicapped Program prepares 14- and 15-year-olds for participation in regular vocational education programs and for a successful learning experience. Recommended students are evaluated to determine if they have vocational potential and, if so, are assisted in making the appropriate vocational placement. Students participate in the program for a maximum of 2 years. When a student is determined to be able to function in a specific vocational program, that student may be mainstreamed into the regular vocational program. A typical program involves a laboratory for hands-on activities and experiences. First-year activities include a period of evaluation to determine a student's capabilities, limitations, and area of interest. Second-year activities provide vocational preparation activities needed prior to entering the regular vocational program determined to be best suited to the student's vocational interest and potential. (Vocational assessment forms are attached. These include student, parent, and teacher interviews; a checklist for vocational support services for handicapped students; training analysis, final evaluation and student follow-up forms; and a program chart.) (YLB)

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VOCATIONAL EVALUATION/PREPARATION

A MAINSTREAM MODULE FOR THE HANDICAPPED

by

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Vocational Resource Educator
DESOTO COUNTY VOCATIONAL-TECHNICAL CENTER
Southaven, Mississippi, 38671

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December 5, 1986

Vocational Preparation for the Handicapped/A Mainstream Module
Charlotte Stephens, Vocational Resource Educator

I. Purpose of Program:

To evaluate 14 and 15 year old students who have been recommended to determine if they have vocational potential, and if so, to assist in making the appropriate vocational placement.

II. Duration of the Students Tenue in the Program:

Students participate in the program for a maximum of two years. At any point after placing a student into a "Vocational Preparation Program" it is determined that he/she can function in a specific regular vocational program, that student may be mainstreamed into the regular vocational program.

III. Description of the Program:

A typical Vocational Preparation for the Handicapped program in DeSoto County involves a laboratory for "hands on" activities and experiences. PVO Miniunits of Lesson Plans are used for the programs:

Woodwork	Metal Work	Masonary
Foods	Small Engines	Ceramics
Fabric Printing	Plastics	Horticulture
Assembly/Disassembly	Child Care	Geriatrics
Sewing	Stitchery	

First Year Activities - a period of evaluation to determine student's vocational capabilities, limitations, and area of interest. A variety of activities are provided to aid in this determination. Preference is given to experiences in the vocational areas which are available in the school district.

Second Year Activities - will provide vocational preparation activities needed prior to entering the regular vocational program which has been determined best suited for each student's vocational interest and potential.

If, at any time during the second year, a student may be able to function in a regular vocational program, that student must be allowed to participate in the program. The student's IEP will be revised.

If at anytime during the 1st or 2nd year, it is determined that the student's needs cannot be met through the Vocational Preparation Program, then participation in the program will no longer be appropriate.

IV. Coordination of Programs by Vocational Resource Educator:

Provides information concerning vocational programs available in the district to parents and students. Arrange for special services needed by any handicapped student. Provide for guidance, counseling, and career development activities. Administer the TAP to all handicapped students who enroll in a vocational program. Assist with placement of handicapped students. Maintain records and keep files on each student to show how these assurances are achieved. Assist counselors in finding gainful employment for handicapped students, after completion of the training program.

V. Alternatives for Placement:

1. Students will be resourced into the regular vocational program which was determined best suited for them and provided the necessary support services to enable them to be successful.

2. Students will be placed in an alternative program to meet identified needs when they have not moved to a level of proficiency or acquired skills necessary for being successful in the regular vocational program.

The district will maintain documentation to justify reasons for choosing either alternative.

VI. Communication with Special Education Teachers:

Work together during daily planing period, cooperate on Local Survey Committee, Cooperative effort in all recommendations relating to special vocational students, develop IEP.

VII. Included in Student's File:

1. Student Profile, IEP, Behavior Checklist, Interest Survey
2. Progress Chart, Assessment, Recommendations
3. Student Interview, Teacher Interview, Parent Interview

VIII. End Result:

1. Final Evaluation, recommendations
2. Placement
3. Follow Up

IX. Follow Up:

Records must be available at the local school indicating the number of students which completed or left the Vocational Preparation Program and the number of these students which were resourced into regular programs.

The district will document reasons why any of these students were not mainstreamed into the regular vocational program.

X. Excess Cost:

All services provided from the 10% set aside funds have to be <u>excess cost items</u>, that is, they are over and above the cost of providing programs and activities for nonhandicapped students and are necessary to help the handicapped student succeed in the program.

XI. Handicapped Participation in School Functions:

Any School Club in which requirements are met
Nutrition Club
4-H Club, selected members
Special Olympics
Very Special Arts Festival
Physical Education
Coke Break and Assembly Programs
School Contests, Dances, Parties, Graduation

XII. Conclusion:

All students enrolled in the Vocational Preparation Program fall into the category of not being able to function in the regular vocational program which provides salable skills. Since 14 and 15 year olds may not participate in regular vocational programs and because of the need to give these students some "headstart" assistance, the Vocational Preparation for the Handicapped program will prepare them for participation in regular vocational education programs and to have a successful learning experience.

MATERIALS:

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: CERAMICS

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: CHILD CARE

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: DISASSEMBLY/ASSEMBLY

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: FABRIC PRINTING

EXEMPLARY PREVOCATIONAL PROGRAMS FOR THE HANDICAPPED IN MISSISSIPPI: GERIATRICS

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: HORTICULTURE

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: PLASTICS

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: STITCHERY

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: PLUMBING

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: WEAVING

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: WOODWORKING

EXEMPLARY PREVOCATIONAL PROGRAMS FOR THE HANDICAPPED IN MISSISSIPPI: SEWING

EXEMPLARY PREVOCATIONAL PROGRAMS FOR EDUCABLE MENTALLY RETARDED IN MISSISSIPPI: FOODS

Materials are $5 each
and may be ordered from:

Research & Curriculum Unit
Post Office Drawer DX
Mississippi State University
Mississippi State, Ms., 39762

STUDENT INTERVIEW

VOCATIONAL ASSESSMENT

NAME_____ AGE____ BIRTHDAY_____
DATE_____ SCHOOL_____ GRADE_____

INTERESTS AND ACTIVITIES:

1. What do you like to do most when you are not working or going to school?
_____
2. Do you have any jobs at home?___What?_____
3. What job do you think you would like to do and be good at doing?
_____Why?_____

EDUCATIONAL INTERESTS:

4. Would you like to enroll in a vocational program?____ Which one?_____
5. What do you plan to do after high school? ___College, ___Military Service,
___Trade School, Type of job_____Other_____

OCCUPATIONAL AND CAREER AWARENESS:

6. What do employers look for when they hire someone?_____
_____
7. What are some reasons people get fired from jobs?_____
_____
8. What would an employer like about you?_____
Not like?_____

ATTITUDE AND SELF-KNOWLEDGE: Check the ones that best describe you.

	Most of the Time	Sometimes	Never
Dependable	_____	_____	_____
Patient and Even-tempered	_____	_____	_____
Completes tasks	_____	_____	_____
Clean and Neat	_____	_____	_____
Likes to learn something new	_____	_____	_____
Does daily chores at home	_____	_____	_____

PREFERRED WORKING CONDITIONS: Check the condition that you prefer.

____Indoors	____Outdoors	____Both
____With People	____With Things	____With Ideas
____Moving Around	____Sitting/Standing	____Both
____Busy Place	____Quiet Place	____Both
____Wear a Uniform	____Dressy Clothes	____Casual Clothes
____Same Task all day	____Different Tasks	____Both
____Unskilled	____Semi-Skilled	____Skilled
____Supervised	____Unsupervised	____Both
____Dirty	____Neat and Clean	____Both
____Stay in one Place	____Travel	____Both
____Daytime	____Nighttime	____Both
____Around Danger	____In a Safe Place	____Both

PARENT INTERVIEW

VOCATIONAL ASSESSMENT

STUDENT'S NAME_____AGE____BIRTHDAY_____

DATE_____SCHOOL_____GRADE_____

FATHER'S OCCUPATION_____

MOTHER'S OCCUPATION_____

NAME OF PARENT(S)_____

ADDRESS_____

1. What do you see your child doing after high school? (circle one)

   College, Jr. College, Military Service, Trade School, Job

   Skilled Employment (mechanic, welder, carpenter, etc.)
   Semi-skilled employment (grocery store, restaurant, factory, labor, etc.)
   Other_____

2. What kind of job or work does your child seem interested in at this time?

   _____

3. Has your child had any previous work training? (training under a parent, relative, or friend, etc.)

   _____

4. What job skills would you like your child to learn in school? (math, reading, writing, spelling, job-seeking skills, job keeping skills, etc.)
   Please list:_____

   _____

5. What kind of high school program would you like your child to take?

   Classes preparing for college_____
   Classes in basic reading, math, writing, and world of work skills_____
   1/2 day classes and 1/2 day work for school credit_____
   Other Vocational_____ Vo-Tech_____Vo-Tech Area_____

6. Are you aware of any behaviors that might interfere with your child's getting and holding a job?

   _____

7. List two jobs at which you think your child could enjoy and succeed.

   _____

Parent Signature_____

TEACHER INTERVIEW
VOCATIONAL ASSESSMENT

STUDENT'S NAME_____SCHOOL_____

TEACHER_____DATE_____

TAUGHT STUDENT_____IN GRADE_____
(Subject)

	Most of the time	Some of the time	Never
PERSONAL CHARACTERISTICS			
A. Appearance - Cleanliness, appropriate grooming.			
B. Personal Habits and Manners			
C. Attitude - Shows interest and enthusiasm			
D. Industriousness - Stays on task.			
E. Effort - Works to best of ability.			
F. Constructive Criticism - Attempts to improve			
G. Self-Concept -Tries to maximize strengths.			
H. Punctuality - On time for appointments.			
I. Attendance - Has appropriate record.			
J.			
INTERPERSONAL SKILLS			
A. Social - Pleasant, Outgoing, Friendly.			
B. Worker Relationships - Shows respect to others			
C. Cooperation - Works smoothly with others.			
D. Activity Level - Controls actions normally.			
E. Accepts Change - Willing to make changes.			
F. Emotional Level - Shows emotional control.			
G. Attention - Centers attention to Teacher.			

COMMUNICATION SKILLS - (Circle one)

A. Speech - (Volume) Soft, Moderate, Loud
B. (Understandability) Good, Poor
Covers mouth with hand____, Low Volume____Speech Impediment_____
B. Eye Contact - Generally Present, Occasionally, Hardly Ever, None
C. Comprehension of Language - (understanding) Good, Average, Poor

COMMENTS

_____

_____

VOCATIONAL SUPPORT SERVICES FOR HANDICAPPED STUDENTS

Student's Name_____Grade_____Age_____Date_____

Based on vocational interest and aptitude assessment data, this student;
____is recommended for placement, ____has been placed, in the following vocational program area:

____Home Economics
____Distributive Education
____Diversified Occupations
____Industrial Arts
____Intensive Business
____Electronics
____Building Trades
____Metal Trades
____Child Care
____Drafting
____Automotive Mechanics
____Computer Applications
____Information Processing

Characteristic of Student:

____Communication skills
____Reading
____Writing
____Composition
____Math Skills
____Vocational Behaviors
____Work Attitudes
____Career Awareness
____Is Below Grade Level
____Other (describe)
_____
_____

Support Services Needed

Items checked are the programs or services necessary for the student to succeed in the program:

_____Specialized vocational counseling
_____Extended community involvement
_____Use of teacher aides
_____Tutorial services and assistance
_____Integration of basic education and vocational subject matter
_____Team teaching in vocational programs
_____Curriculum modification (implementation, not development)
_____Adaptations in the career/employment goals for individual students
_____Changes in the rules regarding
_____a. time allowed to complete a course or program
_____b. time spent in the lab or classroom
_____Changes in the course of study in an individual student's program
_____Changes in the way program accomplishments are reported
_____Programmed and individualized instruction
_____Special teachers
_____Special teachers for job readiness (prevocational) instruction
_____Arrangements for transportation
_____Specialized equipment
_____Other (describe)
_____
_____

Check modifications of courses necessary for student participation.

_____Changes in reading requirements
_____Changes in listening requirements
_____Changes in math requirements
_____Changes in the methods of instruction
_____Changes in the pace of the instruction
_____Changes in the sequence of topics
_____Changes in tools, equipment, or machinery used in the classroom
_____Changes in the classroom environment
_____Changes in project or report requirements
_____Changes in the way tests are given

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REQUEST FOR RESOURCE SERVICES

DESOTO COUNTY VO-TECH

DATE:_____

TO:_____

FROM: Charlotte Stephens, Vocational Resource Educator

RE:_____
(Student) (Vo-Tech Course)

_____

_____

_____

_____

_____ The above students are experiencing difficulty in the following:

_____Math

_____Reading

_____Other

_____ Please have resource teachers assist students with the problem.

_____ Resource material is provided as follows:

Let me know if you need additional information or have questions, please:

1. Call me at 393-9300; or
2. Send a message by pony mail to me at the Vo-Tech Center.

Thank you for your help with these students.

VO-TECH TRAINING ANALYSIS

DeSoto County Vocational-Technical Center
847 Rasco Rd.
Southaven, Mississippi, 38671

Vocational Program:_____ Instructor:_____

Goal of Program:_____

_____

I. Entrance Criteria for the program, and modifications which can be made to accomodate handicapped students:

Physical Skill:	Modification:	Sensory Skill:	Modification:
___Walking		___Eyesight	
___Standing		___Hearing	
___Lifting		___Touch	
___Bending		___Color Discrimination	
___Motor		___Form Perception	
___Coordination		___Speech	

Academic Skill:	Modification:	Vocational Skill:	Modification:
___Math		___Knowledge of tools	
___Reading		___Follow Instructions	
___Language		___Teamwork	
___Measurement		___Self Control	
___Calculations		___Task Repetition	
___Money Transactions		___Other	

II. Teaching Techniques and Working Conditions of the program and how they can be modified to accomodate handicapped students:

Technique:	Modification:	Conditions:	Modification:
___Lecture		___Classroom Work	
___Discussion		___Shop Work	
___Demonstration		___Loud Noise	
___Text Books		___Vibrations	
___Peer Teaching		___Intense Light	
___Audiovisual		___Hi/Lo Temperatures	
___Independent Study		___Fumes	
___Small Group		___Hazardous	

III. Support Services which may be needed to help handicapped students succeed in the program:

___Counseling	___Individualized Instruction
___Tutorial Service	___Special Teachers
___Curriculum Modification	___Transportation
___Time Modification	___Special Equipment
___Modification in course of study	___Modification of tests
___Modify method of instruction	___Modify pace of Instruction
___Other	

IV. Other Pertinent Information about the program which will assure the success of handicapped students:

FINAL EVALUATION FORM

VOCATIONAL PREPARATION FOR THE HANDICAPPED

AREA OF EXPLORATION:_____ DATE:_____

NAME:_____ INSTRUCTOR_____

Rate the student on the basis of teacher observation of the student's performance.

CRITERIA	RATING		
	ABOVE AVERAGE	AVERAGE	NEEDS IMPROVEMENT
Accepts responsibilities	_____	_____	_____
Is Punctual	_____	_____	_____
Is Honest	_____	_____	_____
Works Well with others	_____	_____	_____
Understands and follows safety rules	_____	_____	_____
Follows Instructions	_____	_____	_____
Completes assignments and projects	_____	_____	_____
Performs job related tasks efficiently and effectively	_____	_____	_____
Handles tools and equipment carefully	_____	_____	_____
Works independently	_____	_____	_____
Acts on own initiative	_____	_____	_____
Identifies tools and equipment used in performing tasks	_____	_____	_____
Is clean and neat in apprarance	_____	_____	_____
Has appropriate personal habits	_____	_____	_____
Uses good manners	_____	_____	_____
Is physically fit and healthy	_____	_____	_____
Uses both hands	_____	_____	_____
Demonstrates hand strength	_____	_____	_____
Demonstrates finger dexterity	_____	_____	_____
Demonstrates visual perception	_____	_____	_____
Demonstrates eye-hand coordination	_____	_____	_____
Can balance, climb	_____	_____	_____
Can lift and carry	_____	_____	_____
Can stand and walk	_____	_____	_____
Can bend and stoop	_____	_____	_____
Demonstrates motor control and body coordination	_____	_____	_____
Demonstrates physical endurance	_____	_____	_____

Evaluation: Mark the statement which best describes placement for student.

Needs further preparation_____
Can be placed in regular vocational programs_____
Can be placed in regular vocational programs with remedial assistance_____
Ready for Vocational Center _____

MISSISSIPPI DEPARTMENT OF EDUCATION
VOCATIONAL-TECHNICAL DIVISION
1984 STUDENT FOLLOW-UP

NAME_____I.D. NO._____PROGRAM TITLE_____

NOTE: This report is authorized by law (20 USC 2312 and 20 USC 2391). While you are not required to respond to this survey, your cooperation is needed to insure that results of this effort are comprehensive, reliable, and timely.

1. What is your current educational status? (Check one.)

   _____ Currently attending school

   _____ Not currently attending school

2. If you are currently attending a school, are you enrolled in a program of study that is related to your field of vocational training?

   _____ Yes, it is directly or closely related.

   _____ No, it is only remotely related or is not related at all.

3. What is your current employment status? (Check one.)

   _____ Employed (includes all employment, even if below your qualifications; does not include full-time military service)

   _____ Employed (full-time military service)

   _____ Unemployed (not employed, but actively seeking employment)

   _____ Not in labor force (not employed and not seeking employment because of choice, illness, full-time student status, retirement, pregnancy, or other such reason)

NOTE: If you are currently employed, please answer the remaining questions. Otherwise, skip the remaining items.

4. Please provide the following information on your present job:

   Name of Company or Firm (if self-employed, please write self.)

   _____

   Company or Firm Mailing Address

   _____

City	State	Zip Code
_____	_____	_____

Your Immediate Supervisor Last Name	First Name	Middle Initial
_____	_____	_____

PRESENT JOB INFORMATION:

Job Title_____

Job Duties_____

5. Is this job related to your field of vocational training?

   _____ Yes, it is directly or closely related.

   _____ No, it is only remotely related or is not related at all.

6. What is your current salary before deductions? (Do not add in overtime.)

   $_____ per_____

7. The salary in the preceding item is based on how many hours per week employment?

   _____ Hours per week

Progress Chart

Date:

Unit:

Name: